



NEW COMPANY INITIAL APPLICATION

Check the appropriate product type below:

☐ FOOD ☐ DRUG ☐ COSMETIC ☐ PROPHYLACTIC ☐ SEAFOOD ☐ MILK/DAIRY

| | | | |
|--|-------------|--|----------|
| Date | | Registration No. (For Office Use Only) | |
| Company Contact Person | Taxpayer ID | Telephone No. | Fax No. |
| Name of Manufacturer, Distributor, Packer, Processor, or Importer (exactly as it appears on the label) | | | |
| Address | City | State | ZIP Code |
| If this is a private-label/copacked product, list the name of the actual manufacturer here | | | |
| Address | City | State | ZIP Code |
| Name of firm submitting application | | | |
| Address (Mailing) | City | State | ZIP Code |
| Signature of Executive Officer, Proprietor, Partner, or Agent for Service of Process | | Title | |

APPLICATION IS HEREBY MADE BY THE ABOVE-REFERENCED INDIVIDUALS/COMPANIES TO SELL OR OTHERWISE DISTRIBUTE PACKAGED FOOD, DRUG, COSMETIC, OR PROPHYLACTIC DEVICES IN THE STATE OF LOUISIANA, IN ACCORDANCE WITH LSA R.S. 40: 627 *ET SEQ.* APPLICATION IS BEING MADE IN THE NAME OF THE RESPONSIBLE PARTY FOR THE AFOREMENTIONED PRODUCTS, WHOSE NAME AND ADDRESS APPEAR ON THE LABELS, AS REQUIRED BY STATE AND FEDERAL LAW. BY SIGNING IN THE SPACE PROVIDED, I ACKNOWLEDGE THAT I HAVE ATTACHED A CATALOG LISTING OF ALL PRODUCTS I INTEND TO DISTRIBUTE IN LOUISIANA ALONG WITH PROOFS OR SPECIMEN LABELS FOR ALL SUCH PRODUCTS IN PAPER OR ELECTRONIC FORM, AS REQUIRED BY LOUISIANA LAW.

REGISTRATION FEE: THE FEE FOR PRODUCT REGISTRATION IS \$20 PER PRODUCT UP TO A MAXIMUM PER DBA OF \$200. MULTIPLY \$20 BY THE NUMBER OF PRODUCTS YOU INTEND TO REGISTER OR 10 IF THE NUMBER IS GREATER THAN 10, AND ENTER THAT NUMBER IN THE LINE TO THE RIGHT. NOTE THAT IF YOU ARE REGISTERING MORE THAN ONE DBA, YOU MUST USE MORE THAN ONE FD-9(N).

Total number of products to register:

Fee attached _____

MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO DHH.

List below the names and addresses of three brokers, warehousemen, or distributors who will be handling your products in the state. If you do not currently have any distributors, indicate "SELF-DISTRIBUTION" in the first space below.

| | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FOR OFFICE USE ONLY

| | | |
|-------------------------|---------------------------|------------------------|
| REGISTRATION YEAR _____ | CHECK NUMBER _____ | PROCESSED BY _____ |
| SHEET NUMBER _____ | CHECK DATE _____ | CERTIFICATE TYPE _____ |
| SHEET DATE _____ | REGISTRATION NUMBER _____ | |